

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

U9/980232

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

	IND.		DEP.		IND.	DEP.
	IND.	DEP.	IND.	DEP.		

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TOTAL IND. 7
TOTAL DEP. 19
TOTAL CLAIMS 26

TOTAL IND. 7
TOTAL DEP. 19
TOTAL CLAIMS 26

BEST AVAILABLE COPY